



Blacks In Government
P.O. Box 2931
Washington, DC 20013-02931
Region XI Comprehensive Chapter Status Form (Form 4)

Please complete this form in its entirety and return as a PDF with required signatures **via email for processing to: bigrxiform4@gmail.com**. Please use the attached instructions document as a guide for completing this form.

CHAPTER NAME

CHAPTER MAILING ADDRESS:

CHAPTER EMAIL ADDRESS:

Does your Chapter have a website? YES NO If YES, web address:

AGENCY NAME:

AGENCY TYPE: Federal State Local Other

CHAPTER OFFICERS (Elected positions only). Please include Name; Member ID/Expiration Date; Term (2020-2021), Telephone, and E-mail address:

PRESIDENT: * Name: _____
 Phone: _____ Email: _____
 Member ID/Exp: _____ Term: _____

VICE PRESIDENT: Name: _____
 Phone: _____ Email: _____
 Member ID/Exp: _____ Term: _____

1st VICE PRESIDENT: Name: _____
 Phone: _____ Email: _____
 Member ID/Exp: _____ Term: _____

2nd VICE PRESIDENT: Name: _____
 Phone: _____ Email: _____
 Member ID/Exp: _____ Term: _____

**RECORDING
SECRETARY:**

Name: _____
Phone: _____ Email: _____
Member ID/Exp: _____ Term: _____

**CORRESPONDING
SECRETARY:**

Name: _____
Phone: _____ Email: _____
Member ID/Exp: _____ Term: _____

TREASURER: *

Name: _____
Phone: _____ Email: _____
Member ID/Exp: _____ Term: _____

**ASST. TREASURER/
FINANCIAL
SECRETARY**

Name: _____
Phone: _____ Email: _____
Member ID/Exp: _____ Term: _____

PRIMARY REGIONAL REPRESENTATIVES (Maximum of 3). Please include the *Name; Member ID/Expiration Date, Term (2020-2021) Telephone, and E-mail address:*

Primary Regional Rep 1: * Name: _____
Phone: _____ Email: _____
Member ID/Exp: _____ Term: _____

Primary Regional Rep 2: Name: _____
Phone: _____ Email: _____
Member ID/Exp: _____ Term: _____

Primary Regional Rep 3: Name: _____
Phone: _____ Email: _____
Member ID/Exp: _____ Term: _____

ALTERNATE REGIONAL REPRESENTATIVES (List names and contact info only. If more than 3 attach a separate sheet):

NAME	PHONE	EMAIL ADDRESS	MEMBERSHIP EXPIRATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHAPTER MEETINGS (Please check only one):

Monthly Bi-Monthly Quarterly Other

DAY OF THE WEEK

(every 3rd Thursday, @ 12 noon):

LOCATION:

ESCORT REQUIRED?

YES
 NO

CHAPTER ELECTION HELD (Month):

CHAPTER INSTALLATION HELD (Month):

Does your Chapter have a Newsletter?

YES
 NO

If YES, how often is it published?

REQUIRED SIGNATURES:

Chapter President (Typed):A

Chapter President (Signed): * _____

Date:

Chapter Secretary (Typed):

Chapter Secretary (Signed): * _____

Date:

Revised 1/19

*** - Denotes required field**

FOR RXI Executive Committee Use Only

Received by: _____ **Date:** _____